

**BIRTH DEFECTS REGISTRY
REGISTRATION, Form SCH-0
INSTRUCTIONS AND LEGENDS**

INSTRUCTIONS

Registration Type

- New – first time a child is registered by hospital/reporting facility, also use when Registration type is unknown.
- Update – updated information for a child previously known to be registered by hospital/reporting facility.
- Audit – child missed from an audit conducted by state Birth Defects Registry staff.

Type of Hospital/Reporting Facility

- Refer to legend below. Choose the most appropriate.

Case Tracking Information

- Provide if available – used to identify updated registrations from same hospital/reporting facility or duplicate registrations from separate hospitals.

Name of Contact

- Individual from hospital/reporting facility who is to be contacted regarding any questions concerning the registration – there should only be one person per hospital/reporting facility designated as the contact person.

Child's Information

- Use information as it appears on the Birth Certificate.

Child's Current Residence

- Should reflect the address where the child resides at the time of registration.
- If a child is a patient in a long-term care/rehab facility, use parent's current address.
- Unit description – refer to legend below.

Hospital/Place of Birth

- If the birth took place in a New Jersey facility, write the name of the facility in the space.
- If the birth took place in New Jersey, but not at a medical facility, then write "NJ – non-medical facility" in the space.
- If the birth took place in NY, PA, DE, or MD, then refer to legend below for a list of selected hospitals that is to be written in the space.
- If the birth took place in the United States, but not in New Jersey or at one of the selected hospitals listed in the legend below, then write "out-of-state" in the space and the city and state in which the birth occurred.
- If the birth was a "home" birth, then write "Home Birth" in the space and the city and state in which the birth took place.
- If the birth took place outside of the United States, then write "out-of-country" in the space and the name of the country.
- If the birth place is unknown, then write "unknown" in the space.

Transfer Information

- Provide information on only the most recent transfer.
- Only the hospital/facility name should be written into the space for "received from" and "sent to".
- In the case of a "home" birth, the child is considered a transfer and the "received from" space should reflect the manner in which the child was transported to the hospital, e.g., ambulance, private car, taxi, etc.

Birth Information

- Birth order should be a number only, e.g., 1, 2, rather than an alpha character (A,B).

Primary Language Spoken in Home

- Refer to legend below.

Birth Mother's Residence at Time of Birth

- As the address appears in the Electronic Birth Certificate.
- If the birth mother was institutionalized at the time of birth, then the address immediately prior to institutionalization is to be used, unless she became pregnant while institutionalized, in which case use the address of the institution.
- If the birth mother is homeless, then use the last known address.
- If the birth mother's residence at time of birth is unknown, then check unknown.

Parent A Information

- If one parent is the birth mother, then Parent A Information is to correspond to the birth mother.
- If neither parent is the birth mother, but one parent is a biological parent, then Parent A Information is to correspond to the biological parent.
- If neither parent is a biological parent, then Parent A Information may correspond to either parent.
- Biological – if the biological connection of the parent is known, then either the "yes" or "no" box should be checked; if the biological connection of the parent is unknown, then the "unknown" box is to be checked.
- Maiden Name – if applicable, complete, otherwise write "NA".
- Mailing Address – the address used to send mail to the parent (is to be the same as in the Electronic Birth Certificate); if the mailing address is the same as the child's current address, then check "same as child's current residence address" box.
- Legal Guardian Status – reflects the parent's legal authority to act on behalf of the child; a biological parent is assumed to be the child's legal guardian unless a court has terminated guardianship; a non-biological parent's guardianship is assigned by the courts; if the guardian status is unknown, then check the "unknown" box.

Parent B Information

- Corresponds to the other parent.
- If unknown, then leave blank.
- Biological – if the biological connection of the parent is known, then either the "yes" or "no" box should be checked; if the biological connection of the parent is unknown, then the "unknown" box should be checked.
- Mailing Address – the address used to send mail to the parent (is to be the same as in the Electronic Birth Certificate); if the mailing address is the same as the child's current address, then check "same as child's current residence address" box.
- Legal Guardian Status – reflects the parent's legal authority to act on behalf of the child; a biological parent is assumed to be the child's legal guardian unless a court has terminated guardianship; a non-biological parent's guardianship is assigned by the courts; if the guardian status is unknown, then check the "unknown" box.

Guardian Agency Information

- Complete when parent A, B or both are not the legal guardian.
- Legal Guardian Status – reflects the legal authority to act on behalf of the child and is assigned by the courts; if the guardian status is unknown, then check the "unknown" box.
- Guardian Type – categorizes the guardian as either an agency (government or private) or an individual (relative or non-relative); if the child is placed with a Foster Parent, then the Guardian Type is "Individual (Non-Relative)"; a DCF/DCPP case must have signed documents denoting such.

- Guardian Agency Information - corresponds to the government or private agency assigned guardianship of the child.
- Guardian Agency Contact Information - corresponds to the individual at the government or private agency who should be contacted regarding any questions concerning the child.

Guardian's Information

- Corresponds to the individual (relative or non-relative) who is assigned guardianship of the child; only a single name should be entered, e.g., John Jones or Mary Jones, even though the guardians may be John Jones and Mary Jones.

- Mailing Address – the address used to send mail to the guardian; if the mailing address is the same as the child's current address, then check "same as child's current residence address" box.

Diagnosis Description

- Diagnosis should reflect physician's diagnosis, as noted on the medical record.
- Do not use diagnosis from HIM code sheet.
- Do not use diagnosis based on only ICD-10 CM code.
- Reporting for Total Serum Bilirubin – enter information for bilirubin results greater than 25 mg/dL.

LEGENDS

Type of Hospital/Reporting Facility

- Acute care hospital (ACH)
- Birthing center – free standing not hospital based (BC)
- Case Management Unit (CMU)
- Clinical laboratory (CL)
- County government agency (DOH, etc.) (CGA)
- Day care/school (DCS)
- Early Intervention (EI)
- Home health agency (HHA)
- Long-term care hospital (LTCH)
- Medical/Dental practice (MDP)
- Medical examiner (ME)
- Municipal/City government agency (MCGA)
- Other professional practice (Audiologists, etc.) (ProP)
- Other
- Specialty center (SpecC)
- State government agency (DYFS, etc.) (SGA)

Selected Out-of-State Hospitals

New York

- Bellevue Hospital
- The Children's Hospital of New York - Presbyterian
- Elmhurst Hospital Center
- Lenox Hill Hospital
- Lincoln Hospital
- Long Island College Hospital
- Long Island Jewish Hospital
- Montefiore Medical Center
- Mount Sinai Medical Center
- New York University Medical Center
- Sloan Kettering Hospital
- St. Anthony (Warwick)
- St. Clare's Hospital
- St. Luke's Medical Center
- Westchester Medical Center

Pennsylvania

- Abington Memorial Hospital
- Albert Einstein Medical Center
- Children's Hospital of Philadelphia (CHOP)
- Hahnemann Medical College
- Hospital of the University of Pennsylvania
- Pennsylvania Hospital
- St. Christopher's Hospital for Children
- Thomas Jefferson University
- Temple University Hospital
- Wills Eye Hospital

Delaware

- Al DuPont Hospital for Children
- Christiana Children's Hospital

Maryland

- Johns Hopkins Hospital

Unit Description (address)

- APT (Apartment)
- BSMT (Basement)
- DEPT (Department)
- FL (Floor)
- FRNT (Front)
- REAR (Rear)
- RM (Room)
- STE (Suite)
- UNIT (Unit)

Primary Language

- English
- Spanish
- American Sign Language
- Augmentative Communication
- Afghani
- African
- Arabic
- Cambodian
- Cantonese
- Chinese
- Farsi
- French
- French Creole
- German
- Hebrew
- Hindi
- Hmong
- Japanese
- Korean
- Laotian
- Mandarin
- Native American
- Pacific Islander
- Persian
- Polish
- Portuguese
- Russian
- Scandinavian
- Tagalog
- Turkish
- Vietnamese
- Yiddish
- Other
- Unknown